

1499

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 660

Place of Birth BisbeeCounty CochiseNo. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			

DATE OF BIRTH*	January 23, 1922
(Month)	(Day) (Year)

FULL NAME	FATHER
Elmer J. Leftault	

FULL MAIDEN NAME	MOTHER
Mary Loretta Gregovich	

I HEREBY CERTIFY that the child described herein
has been namedLoretta Frances Leftault

(Give name in full)

(Surname)

Mrs. Mary Loretta Leftault

(Parent's Signature)

Dr. Charles L. Edmondson M.D.

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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MARGIN RESERVED FOR BINDING
USE PERMANENT INK

333-123-478